Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents

Application Number	10/656,657				
Filing Date	September 4, 2003				
First Named Inventor	D. BURKE et al.				
Art Unit	1618 Conf. No.: 8319				
Examiner Name	Young, M.				
Attorney Docket Number	375608-023C1 (360942)				

P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
the attorneys/agents associated with Customer Number				37509					
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: Responsibility for prosecution of the captioned application has been transferred to the individual named below.									
OODDE									
CORRESPONDENCE ADDRESS									
The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
The address associated with Customer Number:									
OR									
<b>√</b> Inc	m o <i>r</i> lividual Name	Barbara McClung Intarcia Therapeutics, Inc.							
Address		2000 Powell Street Suite 1640							
City		Emeryville	State	CA		Zip	94608		
Country		USA							
Telephone	one 510-652-2657 Email								
Signature	Lg								
Name	- Susair S. Myere i iteri			Registration No.	egistration No. 55,477				
Date	March 27, 2007				Telephone No.	000 010 1000			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration talle of a time period for resconse or possible extension period, the request to withdraw is normally disapproved.									

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to fit grant by the LUSPTO to process) an application Confidentially is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.41. This collection is estimated to being including pathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form ander suggestions for reducing this budges, should be set for the Chief Information Officer. U.S. Petatt and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.